

OSCAR REPORT 3
HISTORY FACILITY PROFILE

NORTH SIDE CENTER PROVIDER #: 46G019 FACILITY BEDS TYPE ACTION: RECERTIFICATION
340 NORTH 100 WEST PHONE NUMBER: (801) 292-6797 TOTAL: 12
BOUNTIFUL UT 84010 PARTICIPATION DATE: 06/23/1988 CERTIFIED: 12 TYPE OWNERSHIP: PRIVATE NON PROFIT
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 01/14/2003	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 12
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TOTAL: 12	BEGINNING: 06/01/2003	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 05/31/2004	-- ---- --
MEDICAID: 0	EXTENSION:	12
OTHER: 0	ADMISSION SUSPENDED:	
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - 02/18/2003

PRIOR 3 SURVEY 03/2000	PRIOR 2 SURVEY 03/2001	PRIOR 1 SURVEY 05/2002	CURRENT SURVEY 01/14/2003	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
	X				STD W0108-COMPLIANCE WITH SAFETY LAWS
X	X	X	X C	02/14/2003	STD W0109-COMPLIANCE WITH SANITATION LAWS
	X				STD W0112-INFORMATION IN CLIENT RECORDS KEPT CONFIDENTIAL
X			X C	02/14/2003	STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
	X				STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
			X C	02/14/2003	STD * W0242-PROGRAM PLAN INCLUDES TRAINING IN PERSONAL SKILLS
	X				STD W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
	X				STD * W0285-INTERVENTIONS APPLIED WITH SUFFICIENT SAFEGUARDS
			X C	02/14/2003	STD W0315-DRUGS FOR CONTROL OF BEHAVIOR MONITORED FOR DESIRED RESPO
	X				STD W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS ORDERS
	X				STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
		X			STD W0370-UNLICENSED PERSONNEL ADMINISTER DRUGS ONLY IF STATE PERMI
		X			STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
		X			STD W0381-DRUGS STORED UNDER PROPER SECURITY
			X C	02/14/2003	STD W0390-OUTDATED DRUGS REMOVED FROM USE
	X				STD W0440-EVACUATION DRILLS HELD AT LEAST QUARTERLY
			X C	02/14/2003	STD W0454-SANITARY ENVIRONMENT TO AVOID INFECTION
					STD W0486-STAFF DIRECT SELF - HELP DINING PROCEDURE

EDITION OF LSC APPLIED				
85 EXIST 1985	1985	1985		
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE
SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION
03/2000	03/2001	05/2002	01/14/2003	LSC DEFICIENCIES - BLDG NO. 01
	X			K0021-DOORS IN FIRE AND SMOKE PARTITIONS
		X		K0043-PATIENT ROOM LOCKS
		X		K0051-FIRE ALARM SYSTEM
X	X	X	X C	02/14/2003
				K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	6	5	9	2
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	0	2	0
HEALTH TOTAL	6	5	9	2
LIFE SAFETY CODE	1	3	2	1
LIFE SAFETY CODE + HEALTH	7	8	11	3

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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11/21/2001	UNSUBSTANTIATED
10/30/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY